

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application For Class C Charter Bus
Certificate from:

Bill R. Burch
Dba Carolina Easy Ride

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

218768

88605

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-365-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Bill R Burch

Telephone: 864-306-2754

Address: 2657 Saluda Dam Rd
Easley, SC 29640

Fax:

Other: Cell. 864-442-3096

Email: billrburch@bellsouth.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application – Class C Taxi
- ☐ Application – Class C Charter
- ☒ Application – Class C Charter Bus
- ☐ Application – Class C Non-Emergency
- ☐ Application – Class E Household Goods
- ☐ Application – Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☒ Request PLS expedite
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other:

RECEIVED

AUG 26 2009

PSC SC
DOCKETING DEPT.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
DOCKETING DEPARTMENT
101 Executive Center Drive
Columbia, SC 29210

2009-365-7
218768

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

OFFICE # (803) 896-5100

FAX # (803) 896-5199

CLASS C – CHARTER BUS

DATE 8-3, 2009

APPLICATION FOR CLASS C-CHARTER BUS CERTIFICATE

Application is hereby made for a Class C-Charter Bus Certificate.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Sole Proprietorship. BILL R BURCH DBA Carolina Easy Ride

2. (a) Street Address of Applicant 2657 Saluda Dam RD.

Easy S.C. 29640

(b) Mailing address, if different from street address _____

(c) Telephone Number 864-306-2754 Fed ID #.

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business.
(b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed list of equipment is as per Exhibit "D" included herewith.

6. Applicant is familiar with the provision of R. 103-170 through R. 103-181 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

EXHIBIT D

**STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION**

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier

Bill R. Burch
(Applicant)

Date: 8-24-09

(Applicant's Representative)

owner
(Title)

INSURANCE QUOTE

The following insurance quote is for:

Bill R. Burch dba Carolina Easy Ride

(Name of Motor Carrier)

2657 Saluda Dam Rd. Easley, SC 29640

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance \$13,635

The above quoted premium is for a term of 12 months.

Minimum Limits: 16 or more passengers - 25,000/300,000/25,000
(Intrastate Only)

National Casualty Co.

(Insurance Company Name)

8877 Gainey Center Dr., Scottsdale, AZ 85258

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

8-24-2009

Date

[Signature]

(Authorized Insurance Company Representative)

EXHIBIT FWA

Name: Bill R. Burch Dba Carolina Easy Ride

U.S.D.O.T. No. _____

ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ✓ Pending _____ (Submit when received)

(If "yes", indicate rating and provide copy)

Satisfactory _____

Conditional _____

Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ✓

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No ✓

(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all insurance regulations and safety regulations, governing charter bus carrier operations in South Carolina and does applicant agree to operate in compliance with these regulations?

Yes ✓ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ✓ No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

APPLICANT'S OATH

I, Bill R Burch, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record Of Annual Inspection forms on file at the company's primary place of business. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

Bill R Burch

(Applicant's Signature)

Sworn to before me

This 24 day of August, 2009

Jennifer L. Powell
(Notary Public)

Commission Expires: 12-5-15